DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: CARE SHARE NORTH SHORE HOUSE (0009057) Address: 6807 SANTA MONICA BLVD, FOX POINT, WI 53217

License Status: REGULAR

Licensed/Certified/Registered 02/01/2001

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0092634 End Date: 04/23/2004 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History			
Date Complaint Received: 02/07/2006	Date Investigation Completed: 07/03/2006		
Subject Area(s) RESIDENT RIGHTS	Result NOT SUBSTANTIATED	SOD#	
Date Complaint Received: 02/18/2004	Date Investigation Completed: 04/23/2004		
Subject Area(s)	<u>Result</u>	<u>SOD #</u>	
SUPERVISION	NOT SUBSTANTIATED		
A DAMINICED A TION			
ADMINISTRATION	NOT SUBSTANTIATED		

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